HEALTHSOUTH HOME CARE
 PROVIDER #: 467077

 8074 SOUTH 1300 EAST
 PHONE NUMBER: (801) 565-6687

 SANDY UT 84094
 PARTICIPATION DATE: 04/13/1994

STATE'S REGION CODE: 001

TYPE ACTION: RECERTIFICATION TYPE FACILITY: HOSPITAL BASED PROGRAM

TYPE OWNERSHIP: PROPRIETARY

# AND PERCENT OF FACILITIES

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS CERTIFIED HOSPICE PROVIDER NO: NONE

NUMBER OF SUBUNITS: NONE

PARENT AGENCY PROVIDER NO: NONE

NUMBER OF BRANCHES: NONE

SERVICES OFFERED	STAFFING
NURSING	
REGISTERED NURSE	1.50
LICENSED PRACTICAL NURSE	.00
PHYSICAL THERAPY	2.50
OCCUPATIONAL THERAPY	1.25
SPEECH THERAPY	1.00
MEDICAL SOCIAL WORKER	.25
HOME HEALTH AIDE	2.00
INTERN/RESIDENT	
NUTRITIONAL GUIDANCE	.25
PHARMACEUTICAL SERVICES	.00
APPLIANCE & EQUIPMENT SERVICE	
VOCATIONAL GUIDANCE	
LABORATORY SERVICES	
OTHER	.00

HHA PROVIDES DIRECTLY: HOME HEALTH AIDE COMPETENCY PROGRAM NUMBER RECORDS REVIEWED WITH HOME VISITS: 5 NUMBER RECORDS REVIEWED WITH NO HOME VISITS: 10 NUMBER OF HOME VISITS WITH NO RECORD REVIEW: TOTAL RECORDS REVIEWED: 15

TOTAL HOME VISITS: 5

SURVEY SUMMARY: NO NEED FOR PARTIAL EXTENDED OR EXTENDED SURVEY

SURVEY DATES FROM: 11/22/2000 PROGRAM REQUIREMENTS

DATE PROVIDER SIGNED POC:

REVISIT DATES:

NOT MEETING REQUIREMENT PLAN/DATE STATUS OF OF CORRECTION DEFICIENCY LEVEL OF TAG REQUIREMENT STATE REGION NATION
# % # % # % REQT #

\*\*\*\* NO DEFICIENCIES FOUND ON CURRENT SURVEY \*\*\*\*

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.

SURVEY DATES FROM: 11/22/2000

PROGRAM REQUIREMENTS

DATE PROVIDER SIGNED POC:

REVISIT DATES:

NOT MEETING REQUIREMENT PLAN/DATE STATUS OF OF CORRECTION DEFICIENCY STATE REGION NATION
# % # % # % LEVEL OF TAG REQUIREMENT REQT # # %

# AND PERCENT OF FACILITIES

TYPE OF	TOTAL THIS		F DEFICIENCIES PER FACILITY	
DEFICIENCY	FACILITY	STATE	REGION	NATION
CONDITION/LEVEL A	0	0.00	0.05	00.17
STANDARD/LEVEL B	0	1.07	1.66	03.24
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0.00	0.05	00.17
HEALTH TOTAL	0	1.07	1.72	03.42

STATUS OF DEFICIENT COPS

CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
COP	0	0	0